



STATE OF ARIZONA

NATUROPATHIC PHYSICIANS MEDICAL BOARD

1400 W. Washington #230 Phoenix, AZ. 85007

Phone Number: 602-542-8242 Fax Number 602-542-3093 Info@aznd.gov

APPLICATION FOR CERTIFICATE TO DISPENSE

Application Fee \$225.00

Make Check Payable to: State of Arizona Naturopathic Medical Board **Mail to:** 1400 W. Washington, Ste 230 Phoenix AZ. 85007

If you are applying for a Certificate to Dispense at a not-for-profit organization/Public Health Facility, the fee of \$225.00 is waived, however you are still required to submit a complete application form. **FEES ARE NONREFUNDABLE. Incomplete or unreadable applications will not be processed.**

A.R.S. §32-1581 Dispensing of natural substances, drugs and devices; conditions; civil penalty; dispensing minerals; definitions

(H) 1. "Device" means an appliance, apparatus or instrument administered or dispensed to a patient by a doctor of naturopathic medicine.

2. "Dispense" means the delivery by a doctor of naturopathic medicine of a natural substance, drug or device to a patient and only for a condition being diagnosed or treated by that doctor, except for free samples packaged for individual use by licensed manufacturers or re-packagers, and **includes the prescribing**, administering, packaging, labeling and security necessary to prepare and safeguard the natural substance, drug or device for delivery to the treating doctor's own patient.

R4-18-901. Definitions: (3) "Certificate to dispense" means an approval granted by the Board to dispense a natural substance, drug, or device.

Physician Name. _____ **Medical License No.** _____

Social Security No. (last 4 digits) _____ **Email Address:** _____

Practice Location

_____ Suite #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Additional Practice Locations

Applying for Not-For Profit

I am applying for a Certificate to Dispense for a ***not-for-profit/tax exempt*** organization. YES [☐]

Drug Enforcement Certificate

Do you hold a DEA Number issued by the United States Drug Enforcement Administration?

YES [☐] DEA Number: _____

NO [☐] I do not have a DEA number

Office Use ONLY Receipted Receipted	Processed	Emailed	Agenda
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Prescription Authority

Have you ever had the authority to prescribe, dispense, or administer a natural substance, drug, or device limited, restricted, modified, denied, surrendered or revoked by a federal or state agency or court of law?

YES [] NO []

If YES, attach to this application, an explanation that includes the name and address of the federal or state agency or court having jurisdiction over the matter, and the disposition of the matter.

I graduated from an approved school of naturopathic medicine AFTER January 1, 2005.

YES [] NO []

If NO, you must submit proof of completion of 60 hours in pharmacology. Completion of the pharmacology modules given by the AzNMA in past years may be eligible as proof, as well as copies of completion of the required 10 hours of pharmacology due each year in order to renew your medical license.

Signature Required

I hereby attest to the Board that I am the physician named on this application form; the answers provided and any statements submitted with the application form are true and correct. I agree to conform to all federal and state statutes regulations, and rules.

Physician Signature

Date

NOTICE

A.R.S. 32-1581. Dispensing of natural substances, drugs and devices; conditions; civil penalty; dispensing minerals; definitions

B. Except in an emergency, a doctor of naturopathic medicine who dispenses a natural substance, drug or device without being certified to dispense by the board is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and may be prohibited from further dispensing for a period of time as determined by the board.

R4-18-902. Qualifications for a Certificate to Dispense

A. To qualify for a certificate to dispense, an applicant shall have completed before the submission date of the application, Board approved training in the safe administration of natural substances, drugs, or devices.

B. The Board approves documentation of the following as evidence of completion of Board approved training in the safe administration of natural substances, drugs, or devices:

1. Graduation from an approved school of naturopathic medicine after January 1, 2005; or
2. Completion of a 60 hour or more pharmacological course on natural substances, drugs, or devices that is offered, approved, or recognized by one of the organizations in R4-18-205(B)(1) or R4-18-205(B)(2).

B. The following are approved:

1. Education certified as Category I by an organization accredited by the Accreditation Council on Continuing Medical Education;
2. Continuing medical educational programs in the clinical application of naturopathic medical philosophy that are approved by;
 - a. The American Association of Naturopathic Physicians or any of its constituent organizations,
 - b. The Arizona Naturopathic Medical Association, or
 - c. Any naturopathic licensing authority in the United States or Canada.

If a disabled person needs this application in an alternative format, please contact the Board office at (602) 542-8242, FAX (602) 542-3093, Voice Relay (800) 842-4681 or TDY (800) 367-8939